

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728869

FILED
Apr 20, 2009
Secretary of State

Entity Name: TAHITIAN TOWERS, INC.

Current Principal Place of Business:

19450 GULF BLVD
SUITE A
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

2870 SCHERAR DR N
#100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

2870 SCHERER DR N
SUITE 100
SAINT PETERSBURG, FL 33716 US

FEI Number: 59-1985898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACUR AND GRAHAM P.A.
5200 CENTRAL AVE
SAINT PETERSBURG, FL 33727 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAWIL, JOSEPH T
Address: 19450 GULF BLVD #701
City-St-Zip: INDIAN SHORES, FL 33785

Title: VP () Delete
Name: ZIEGLER, TERESA
Address: 309 ORANGEWOOD LANE
City-St-Zip: LARGO, FL 33770

Title: S () Delete
Name: TAWIL, GEORGIA
Address: 19450 GULF BLVD #701
City-St-Zip: INDIAN SHORES, FL 33785

Title: T () Delete
Name: CANO, DR, CARLOS
Address: 19450 GULF BLVD #305
City-St-Zip: INDIAN SHORES, FL 33785

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COURT, BARBARA
Address: 19450 GULF BLVD #604
City-St-Zip: INDIAN SHORES, FL 33785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CANO, DR, CARLOS
Address: 2435 HILLCREEK CIR E
City-St-Zip: CLEARWATER, FL 33759

Title: D () Change (X) Addition
Name: AUERBACH, DONALD
Address: 1753 ALLENS CREEK DR.
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS KARISTINOS

LCAM

04/20/2009

Electronic Signature of Signing Officer or Director

Date